Alabama Independent Laboratory Provider Training Checklist

This is a training checklist designed to provide an outline for Independent Laboratory and X-Ray Facility Providers to understand the tools available as an Alabama Medicaid provider. This is not an all-inclusive document; rather a guide to assist you with obtaining information for following policy, procedures, rules and regulations for Alabama Medicaid.

Top Five denials for Laboratory Providers

Code	Explanation	Resolution	
1831	Procedure Requires Either	Ensure proper referring information is present upon initial	
	a Ordering or Ref Provider	claims submission	
513	Recipient Name and	Verify eligibility prior to rendering services to verify proper	
	Number Disagree	recipient name/number information	
823	Recipient Check Digit	Providers should verify eligibility prior to rendering	
	Missing or Invalid	services. Claims should be submitting using the 13 digit	
		Medicaid number verified during the eligibility verification	
		process	
4244	BPR-RP-DIAG No	Verify eligibility prior to rendering services to confirm	
	Coverage	recipient eligibility information	
4021	BPA-RP_PROC No	The recipient is not covered for the services being	
	Coverage	submitted for payment	

As an enrolled Alabama Medicaid provider, you are responsible for ensuring that you and your employees or agents acting on your behalf comply with all of the requirements in the applicable provisions of State and Federal laws governing the Medicaid Program, the Alabama Medicaid Administrative Code and the Alabama Medicaid Provider Manual as amended.

Alabama Administrative Code:

Administrative Code outlines the rules and regulations for all Providers. It is updated as changes are identified. Currently the Alabama Administrative Code contains 63 chapters. The table below includes but is not limited to important chapters for Independent Laboratory Providers and Staff.

Chapter	Overview	
1 General	High level information for all providers-includes Administrative Code	
2 Assuring High Quality Care	Discusses Medicaid's procedure for ensuring quality care for all recipients	
3 Fair Hearings	Outlines Medicaid's procedures for the fair hearing process	
4 Program Integrity	Overview of Medicaid's Program Integrity Division	
9 Independent Laboratory	Outlines rules and regulations independent laboratory providers must adhere to in the Alabama Medicaid program	
20 Third Party	Outlines policies related to recipient's with other commercial insurance coverage	
25 Medicaid Eligibility	General information related to recipient eligibility	

Chapter	Overview	
26 Rules for Practice	Outlines general rules for Medicaid	
27 Confidential Materials	Information on how recipient information should be protected	
28 Forms	Outlines forms used by the Medicaid Agency	
29 Definitions	Outlines common definitions used in Administrative Code	
30 Emergency Rule	Outlines emergency rules for the Medicaid Agency	
Procedures		
31 Declaratory Rulings	Outlines Declaratory Rulings for the Medicaid Agency	
33 Recoupments and Liens	Information on how recoupments and liens are handled	

Alabama Medicaid Provider Billing Manual:

Provider Manuals is updated quarterly (January, April, July and October). The updates are indicated in the margins of the revised chapter and on the "Quarterly Revisions" page. Updates are posted to the Alabama Medicaid website at the following

link: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx. The table below includes but is not limited to important chapters for Independent Laboratory and X-Ray Facility Providers and Staff.

Chapter/Appendix	Overview	
1 Introduction	How to use Provider Manual	
2 Becoming a Medicaid Provider	How to enroll as a Medicaid Provider	
3 Verifying Recipient Eligibility	How to verify recipient eligibility and how to decipher eligibility information	
4 Obtaining Prior Authorization	How to obtain authorization on services which require approval prior to being furnished	
5 Filing Claims	How to properly complete claim forms for submission to Alabama Medicaid	
6 Receiving Reimbursement	Information on understanding your Remittance Advice	
7 Understanding Your Rights and	Explains important rules and regulations providers	
Responsibilities as a Medicaid	must follow with Alabama Medicaid	
Provider		
20 Independent Laboratory	This is one of your essential tools for information	
	related to the Independent Laboratory Program. This	
	chapter contains important billing information	
Appendix B - Electronic Media Claims	Important information related to filing claims	
Guidelines	electronically	
Appendix E - Medicaid Forms	Contains copies of forms required for filing requests to	
Annan dia F. Jatamal Cantral	Medicaid and instructions for completion of the forms	
Appendix F - Internal Control	How to read Internal Control Numbers assigned in	
Numbers	claims processing	
Appendix G - Non-Emergency	Explains how recipients can receive assistance getting	
Transportation	to Medicaid covered appointments	
Appendix J - Explanation of Benefit Codes	Table of claims processing codes	
Appendix K - Top 200 Third Party	Contains a list of other insurance carrier codes needed	
Carrier Codes	for claims processing when other insurance is involved	

Chapter/Appendix	Overview	
Appendix L – Automated Voice	How to use Medicaid's Automated Voice Response	
Response System (AVRS)	System, a tool to check eligibility, claims status and other functions	
Appendix N - Medicaid Contact Information	Provides important contact information	

Tools Available for Providers at no Charge:

Tool	Function		
Medicaid Interactive Web	Allows providers to submit a multitude of transactions and receive		
Portal	immediate response. Transactions include, but are not limited to:		
	eligibility verification, claims submission, claim status, Prior		
	Authorization submission and status, Remittance Advice download		
Provider Electronic	Provider Electronic Solutions Software Website Allows providers to		
Solutions Software	submit a multitude of transactions in batch mode and receive		
	responses within 15 minutes to 2 hours, transactions include:		
	eligibility verification, claims submission, claim status, Prior		
	Authorization submission and status		
Automated Voice	Allows providers to submit a multitude of transactions telephonically		
Response System	and receive fax back information, if requested, some transactions		
(AVRS)	include: Eligibility verification, claims submission, procedure code		
	pricing information		

Personal Contact Information for Billing Assistance:

HP is the fiscal agent for Alabama Medicaid. The following services are available through HP at no charge to Providers.

Department	Function	Contact Number
Provider Assistance Center	Assist with basic billing questions, procedure code reimbursement information and general questions	1-800-688-7989
Electronic Media Claims	Assist providers with Provider Electronic Solutions, vendor related issues, electronic transmission and pharmacy-related billing issues. This unit also issues user ID's and passwords for the Agency's secure website portal	1-800-456-1242
Provider Enrollment	Assists with new provider enrollment and basic provider enrollment functions	1-888-223-3630 Option 1
Provider Re- enrollment	Assists with ongoing re-enrollment of providers	1-888-223-3630 Option 2
Provider Relations Representatives	Assists providers with in-depth billing issues and training on Provider Electronic Solutions and Medicaid's Interactive Web Portal. Available for telephonic consultation, e-mail assistance or on-site training and workshops.	1-855-523-9170 Refer to Medicaid website for 7 digit extensions. Go to http://www.medicaid.al abama.gov/CONTENT /8.0 Contact/8.2.6 Provider_Representative s.aspx